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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>056365 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                           | (X3) DATE SURVEY COMPLETED<br><br>09/26/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Yucaipa Hills Post Acute |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>13542 Second St.<br>Yucaipa, CA 92399 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35183</p> <p>Based on observation, interview, and record review, the facility failed to follow a system for controlling the spread of a communicable disease for one of four sampled residents (Resident 1) when Resident 1 was on transmission-based droplet precautions (a set of measures used to prevent the spread of organisms that cause disease through respiratory secretions) for a coronavirus disease (COVID-19-an infectious disease caused by a virus) exposure and was allowed to participate in activities with 11 other residents. This failure had the potential to cause the spread of COVID-19 to other residents in the facility.</p> <p>Findings:</p> <p>A review of Resident 1 ' s face sheet (a document that gives a summary of resident ' s information), undated, indicated an admitted [DATE]. Resident 1 had diagnoses that included dementia (a group of thinking and social symptoms that interferes with daily functioning).</p> <p>A review of Resident 5 ' s face sheet (a document that gives a summary of resident ' s information), undated, indicated an admitted [DATE]. Resident 5 had diagnoses that included Alzheimer ' s disease (a brain disorder that slowly destroys memory and thinking skills, eventually making it difficult to perform basic tasks).</p> <p>A review of Resident 5 ' s COVID-19 laboratory test dated September 18, 2024, indicated, Results: positive and symptomatic.</p> <p>A review of Resident 1 ' s care plan dated September 18, 2024, indicated, Focus: [Resident 1] with COVID-19 exposure. Date Initiated: [September 18, 2024] Revision on: [September 18, 2024]. Goal: Prevent the spread of COVID-19 in the facility Date Initiated: [September 18, 2024] Target Date: [October 2, 2024]. Interventions: Encourage/Remind Resident to wear mask and maintain social distancing. Date Initiated: [September 18, 2024] . Initiate transmission-based precaution (DROPLET). Staff to implement full PPE [Personal Protective Equipment] use (mask, face shield/goggles, gown, gloves) when providing direct care to the resident. Date Initiated: [September 18, 2024] Keep the number of staff assigned to enter the room at a minimum and staff to bundle resident care activity. Date Initiated: [September 18, 2024] Educate resident and provide information regarding COVID-19. Date Initiated: [September 18, 2024] Promote social distancing; and avoid communal dining/group activities. Provide means of communication/engagement with family members, resident representatives and/or friends while visitation is restricted. Provide individualized activities of choice. Date Initiated: [September 18, 2024] .</p> <p>(continued on next page)</p> |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an observation on September 23, 2024, at 1:34 PM, arrived at Resident 1 and Resident 5's room. The room's door was closed, and an Isolation Precautions-Droplet sign was posted. PPE was available outside the door: N95 mask (a respiratory protective device), face shield, gown and gloves. The Surveyor performed hand hygiene and donned (put on) the PPE. The Surveyor knocked on the door and entered the room. Resident 5 was sitting on the bed closest to the door. The Surveyor introduced herself to Resident 5 and asked how she was feeling. Resident 5 looked at the Surveyor but did not respond. Resident 1's bed farthest from the door was empty. The Surveyor looked around the room and in the adjoining bathroom but Resident 1 was nowhere to be found. The Surveyor doffed (took off) her PPE, performed hand hygiene and left the room.</p> <p>During an observation and interview with Resident 1 and an Infection Preventionist Nurse (IP Nurse) on September 23, 2024, at 1:40 PM, Resident 1 was in the dining room, seated at a table and working on a word search activity. The dining room held eleven other residents and one activity staff member. All the residents were engaged in a variety of tabletop activities. Resident 1 was wearing a short sleeve shirt, long pants, and socks, but no face mask. Resident 1 was clean and well groomed; no injuries were visualized. Resident 1 did not appear to be in distress. The IP Nurse confirmed Resident 1 was not wearing a mask and was participating in activities with eleven other residents, in a common area. The IP Nurse confirmed Resident 1 shared a room with Resident 5 who had tested positive for COVID-19 and had displayed symptoms. The IP Nurse confirmed Resident 1 resided in a room placed on Isolation Precautions-Droplet because she had been exposed to COVID-19 by Resident 5. The IP Nurse stated Resident 1 refused to wear a mask and was allowed to come and go from her isolation room.</p> <p>During an interview with the Director of Nursing on September 23, 2024, at 3 PM, The DON confirmed Resident 1 was on Isolation Precautions-Droplet for a COVID-19 exposure. The DON confirmed Resident 1's care plan indicated Encourage/Remind Resident to wear mask and maintain social distancing. Promote social distancing; and avoid communal dining/group activities. Provide means of communication/engagement with family members, resident representatives and/or friends while visitation is restricted. Provide individualized activities of choice. The DON stated Resident 1's care plan was not followed. The DON stated it was the facility's responsibility to minimize the spread of COVID-19 to other residents.</p> <p>A review of the facility ' s policy and procedure titled, Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures, undated, indicated, Policy Statement: This facility follows infection prevention and control (IPC) practices recommended by the Centers for Disease Control and Prevention to prevent the transmission of COVID-19 within the facility. Policy Interpretation and Implementation: . f. implementing source control measures.</p> |  |  |